

Breast Cancer Detection Demonstration Project (BCDDP)

SECTION E. DRUGS AND MEDICATIONS

These next questions are about your use of certain prescription and non-prescription drugs and medications.

E1. Have you ever used any of the following types of drugs or medications regularly, that is at least once a week for a year? This means that you took the drug/medication at least once a week for 52 consecutive weeks.

a. Diuretics or water pills

1 ☐ YES

2 ☐ NO

8 ☐ NOT SURE

b. Cimetidine (Tagamet) or ranitidine (Zantac)

1 ☐ YES

2 ☐ NO

8 ☐ NOT SURE

c. Tranquilizers, such as Valium or Librium

1 ☐ YES

2 ☐ NO

8 ☐ NOT SURE

d. Aspirin or other drugs containing aspirin products, such as Bufferin or Anacin

1 ☐ YES

2 ☐ NO

8 ☐ NOT SURE

e. Tylenol

1 ☐ YES

2 ☐ NO

8 ☐ NOT SURE

f. Pain relievers or anti-inflammation drugs that contain neither aspirin nor Tylenol, such as: Ibuprofen (Motrin, Advil, Nuprin); Naproxen (Naprosyn); Piroxicam (Feldene); Indomethacin (Indocin); Sulindac (Clinoril).

1 ☐ YES

2 ☐ NO

8 ☐ NOT SURE

PLEASE COMPLETE THE CHART BELOW FOR EACH OF THE DRUGS OR MEDICATIONS REPORTED IN QUESTION E1. IF YOU HAVE NOT USED ANY OF THE MEDICATIONS REPORTED IN QUESTION E1, GO TO THE NEXT SECTION.

| Medication | E2. At what age did you first start using the medication <u>regularly</u> , that is, at least once a week for a year? | E3. Number of pills you took per day or week? | E4. How long did you take the medication <u>regularly</u> , that is, at least once a week for a year? |
|--|--|--|--|
| a. Diuretics or water pills | _____ AGE | _____ # PILLS PER ↓ 1 __ DAY 2 __ WEEK | _____ # YEARS |
| b. Cimetidine (Tagamet) or ranitidine (Zantac) | _____ AGE | _____ # PILLS PER ↓ 1 __ DAY 2 __ WEEK | _____ # YEARS |
| c. Tranquilizers, such as Valium or Librium | _____ AGE | _____ # PILLS PER ↓ 1 __ DAY 2 __ WEEK | _____ # YEARS |
| d. Aspirin or aspirin-containing compounds | _____ AGE | _____ # PILLS PER ↓ 1 __ DAY 2 __ WEEK | _____ # YEARS |
| e. Tylenol | _____ AGE | _____ # PILLS PER ↓ 1 __ DAY 2 __ WEEK | _____ # YEARS |
| f. Pain relievers or anti-inflammation drugs not containing aspirin or Tylenol | _____ AGE | _____ # PILLS PER ↓ 1 __ DAY 2 __ WEEK | _____ # YEARS |